



STATE MEDICAID DUR COMMITTEE THE AMBER SHEET



Volume 8
2000

Number 2 MARCH,

Dr. Lowry Bushnell DUR Board Chairman

Editors: RaeDell Ashley, R.Ph., Duane Parke, R.Ph. An "unofficial" publication of the State Medicaid DUR Board

UTAH MAC - Pharmacists, the Medicaid Pharmacy Program will continue to maintain and add to the Utah MAC (maximum allowable cost) on select drugs. For instance, prenatal vitamins currently have a Utah MAC. New drug candidates will be based in part on those drugs coming off the federal MAC list as published in the Amber Sheet. The Amber Sheet notice will list the manufacturer(s) if there are less than three manufacturers supplying generic equivalents. Effective April 1, 2000, the following drugs will be added to the UTAH MAC list:

| DRUG | UTAH MAC PRICE | SOURCE | EFFECTIVE DATE |
|------------------------------|----------------|------------------------|----------------|
| pregnancy vitamins (example) | 0.1700 | multiple | |
| carisoprodol 350mg | 0.4600 | Watson, West-Ward, Inc | 5/01/00 |
| hctz 25mg | 0.0191 | Roxane, ESI Lederlie | 5/01/00 |
| hctz 50mg | 0.0220 | URL, Geneva | 5/01/00 |
| hydrocodone/apap 5/5000.1700 | | Warner-Chilcot, Zenith | 5/01/00 |
| ibuprofen 400mg | 0.1500 | URL, Mylan | 5/01/00 |
| ibuprofen 600mg | 0.2000 | Warner/Chilcott, URL | 5/01/00 |
| ibuprofen 800mg | 0.2500 | URL, Mylan | 5/01/00 |

If the listed brands or alternate brands are in stock in one of the Salt Lake City based wholesalers, the UTAH MAC price will hold. Drug Program Managers will check prices when notified from pharmacies that the SLC wholesalers do not carry the item at or below the Utah MAC price. Prices can be adjusted in three working days or less after determining that the item is not available through SLC wholesalers. Your input is important. Please keep the Drug Program Managers posted on changes in the market place.

OOPS! TOBI RECOMMENDATION REVERSED!!!

Several physicians and pharmacists have called regarding the efficacy of TOBI versus tobramycin injection for nebulizer use. TOBI® contains no preservatives or buffer chemicals and consequently is superior to tobramycin injection for nebulizer use. TOBI brand tobramycin is the only formulation that is FDA approved for nebulizers. The recommendation in the September Amber Sheet to use tobramycin instead of TOBI is in error.

ROTASHIELD IS HISTORY - The Division is still receiving queries as to why Rotashield® is not a covered product. The short answer is that the product was pulled from the market by the manufacturer last October 15, 1999.

REZULIN IS HISTORY - Rezulin® (troglitazone) by Parke-Davis, was pulled from the market March 22, 2000.

PROPULSID TO BE HISTORY SOON - According to Reuter Medical News, the FDA has announced that Janssen has agreed to pull Propulsid®, (cisapride) from the market effective July 14, 2000. This action was taken due to reported heart rhythm abnormalities.*****

DUR BOARD HAS OWN WEBSITE !! The DUR Board now has its own website at: <http://hlunix.ex.state.ut.us/medicaid/dur>. The website will contain: a list of DUR Board members, new approved criteria sets, criteria set newsletters, an Amber Sheet file, the DUR Program Annual Report, and other items deemed useful to providers. The site is still under construction. It currently has a copy for the atypical antipsychotic criteria set and the typical antipsychotic criteria set. All future issues of the Amber Sheets from January 2000 forward, will be posted to the website in addition to being mailed out to providers. Please take the time to visit our website.

CEREZYME AND ADAGEN PLACED ON PRIOR APPROVAL - Cerezyme® (imiglucerase) and Adagen® (pegademase bovine) are both used for enzyme replacement therapy and both are found in the therapeutic class "Z1D", Enzyme Replacements. Each drug has only one Medicaid recipient currently taking the enzyme. The cost for the two enzymes exceeds one million dollars per year or 1.2% of the entire drug budget. The prior approval was placed on these two drugs simply to assure accountability and eliminate any waste. Medicaid must provide these medically necessary drugs.

Providers and Medicaid will have to come to grips with treatment modalities and cost issues as more and more high cost, high tech, narrow niche drugs come on line. *****

PHYSICIANS - ATYPICAL ANTIPSYCHOTIC ICD.9s REQUESTED!!! Avoid a Prior Approval through affirmative action. When writing for atypical antipsychotics, physicians are requested to get in the habit of identifying the diagnosis via the ICD-9 code on the prescription. Pharmacists are requested to enter this code into the diagnosis field when filling the prescription. The Medicaid Drug Utilization Board has directed the Division of Health Care Financing (Medicaid) to identify pediatric usage patterns for Clozaril®, Risperdal®, Zyprex®, and Seroquel®. The DUR Board is creating a table of acceptable ICD-9 codes for which these drug products may be used. This table of ICD-9 codes will be used in lieu of a prior approval process. Since Medicaid policies often impact other third party coverage, it is important that you take the time to respond, even though you may not see pediatric Medicaid clients.

Your input will help determine coverage. If you are routinely using the atypical anti-psychotic drugs, please note the diagnoses for which you use them and forward this information (ICD-9 codes) to Duane Parke, DUR Program Manager. Codes must include at least four (4) digits, disregarding the decimal. Five digit codes are preferred. For instance, the correct code for "disintegrative psychosis" is 2991, while "disintegrative psychosis, active state" is 29910. You may FAX or e-mail these ICD-9 codes to Duane Parke at the Utah Department of Health, Division of Health Care Financing:

Fax : (801) 538-6099

email: dparke@doh.state.ut.us

Division Programmers estimated that programming that requires the pharmacy to enter the ICD-9 code will be complete and effective during the 2nd or 3rd calendar quarter of the year 2000. *****

Pharmacists, be sure you correctly identify the physician on all claims. It is becoming imperative that Medicaid identify prescribers on drug utilization review projects. Use either the prescriber's name or License number. Do not use wild card numbers. Please remember that knowingly submitting incorrect claim data is fraudulent.

Vioxx® 50mg tablets limited to 31 tablets per month. *****